

OFFICE OF THE CITY CLERK City and County of Honolulu Honolulu Hale Honolulu, Hawaii 96813-3077

Telephone: 768-3810

DISCLOSURE OF FINANCIAL INTERESTS PUBLIC DISCLOSURE FORM

FOR CALENDAR YEAR 2019

(PRINT OR TYPE CLEARLY)

NAME_	an Tien Tzu Santee Position/ELECTIVE OFFICE Deputy Director				
DEPAR	TMENT/AGENCY Honolulu ESD				
	DF SPOUSE_Joy Shitoko Watanabe				
Check th	e appropriate box and fill in any applicable dates:				
	INITIAL STATEMENT: Date on which you assumed office or began employment in this position You must file within twenty (20) working days after this date disclosing financial interests held during the preceding calendar year.				
✓	ANNUAL STATEMENT: You are required to file not later than January 31 of each year disclosing all financial interests held during the preceding year.				
	LEAVING OFFICE STATEMENT: You are leaving or have left your office on and _must file a statement within ten (10) working days of that date. You must disclose financial interests held during the preceding calendar year.				
	CANDIDATE STATEMENT: You must file no later than ten (10) working days after the deadline for filing as a candidate for office disclosing interests held during the calendar year preceding the due date of the statement.				
	VERIFICATION				
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through	I declare that I have used all reasonable diligence in preparing this form, that I have reviewed Item Nos. 1 9, and to the best of my knowledge the information provided in this form is true and correct.				
Date	1/3/) , 20 3D . Signature				

GENERAL INSTRUCTIONS

All questions must be answered in regard to yourself, your spouse, and all dependent children. Use Abbreviations:

All items on the form must be completed. If you have no information to disclose under a particular item, check "None". If additional space is required to complete an item, check "Additional sheets attached". Make a copy of your completed financial disclosure form for your records for future reference.

Disclosures need not be made by exact dollar amounts but may be reported by "range of value". You may indicate the value of a reportable interest by using the appropriate letter from the following codes:

A. Les	s than \$1,000	E. \$50,000 - \$99,999	I. \$300,000 - \$399,999	M. \$700,000 - \$799,999
B. \$1,0	000 - \$9,999	F. \$100,000 - \$149,999	J. \$400,000 - \$499,999	N. \$800,000 - \$899,999
C. \$10	,000 - \$24,999	G. \$150,000 - \$199,999	K. \$500,000 - \$599,999	O. \$900,000 - \$999,999
D. \$25	,000 - \$49,999	H. \$200,000 - \$299,999	L. \$600,000 - \$699,999	P. At least \$1,000,000

1. **INCOME.** Only report compensation earned for services rendered equal to \$1,000 a year or more from any employment including, but not limited to, income from the City, retirement, social security, and deferred compensation. Do not report interest, dividends, alimony, property settlements, or child support payments. Individual items of compensation that constitute a portion of the gross income of a business or profession need not be disclosed. Report income from rental property here.

ĺ	None	П	Additional absents attacks
	None	l i	Additional sheets attached

Recipient	Employer/Source	Position/Service Rendered	When	Annual Income
F	C&C Hon	Deputy Director	2019	G
S	MNS, Ltd (ABC Stores)	Compliance Manager	2019	F

[&]quot;F" for filer

[&]quot;SP" for spouse

[&]quot;DC" for dependent children

[&]quot;JT" for joint interests of the filer and filer's spouse

2. CREDITORS. Do not report any debts of less than \$3,000. Do not report debts that arise out of retail installment transactions for the purchase of consumer goods, whatever the amount. Do report a secured obligation such as a home mortgage or a car loan. Do report student loans. None Additional sheets attached								
Person(s) Incurring Debt	Creditor	Original Loan A	mount Amou	nt Outstanding				
1/3 F/SP 1/3 F/SP F/SP F/SP SP SP F/SP	FHB FHB FHB AES Graduation Education FIN BOH	M H I E F G D	L G L E D E D					
beneficial intere incorporated, reg regulated finand trust, if the fund	ests having a value of gulated, or licensed to ca	\$5,000 or more or equants on business in Hawa insurance policies, or der this item.	HE STATE. Only repal to 10% or more of own aii. Do not report account individual items in a r	nership of businesses its in federal or state				
Owner(s)	Business Name and Address	Nature of Business	Percentage of Interest	Value of Interest				

4. OWNER business	ses incorporated,	regulated, or licensed to	ED. Only report carry on busines	transfers of ow ss in Hawaii durir	nerships or interests in ng this past year.
✓ None	Addition	al sheets attached			
Owne	rship or Interest	Date of Tr	ansfer		
•					
			:		
positions also incl	as trustee in ar ude being a maj s in non-profit co	ny business or organizat ority shareholder in a șn	ion, whether or i	not operated for	erships, directorships, or profit. Fiduciary positions e sure to report fiduciary
Nan Position Holder			Name & Address of Business or Organization		Annual Compensation
Finance Committee Board Member	nance F YMCA of I immittee 1441 Pali ard			2017-2020	None
6. CREDIT	OR INTERESTS	IN INSOLVENT BUSII	NESS worth \$5,0	000 or more.	
✓ None	Additional	sheets attached			
Holder		Name & Address of Business Nature of E		of Business	Value
				-	

findsfrm Rev. 06/19/14

7.	CLIENTS PERSONALLY REPRESENTED BEFORE CITY AGENCIES. Only report representation fo which you have received compensation during the preceding calendar year. Do not report representation involving ministerial matters. "Ministerial matters" do not require discretionary authority and do not need							
	to be disclosed.							
	☑ None ☐Additional sheets attached							
	Representative		Client City Age		ency	Nature of Representation		
8.	REAL P reasonal street ad children; "persona	ROPERTY OWN ole manner, such ddress for your if you choose r il residence."	ED. Only report rea as assessed value. personal residence lot to report the tax	al property owned. You are not requil or the personal r map key number	Report the vert of the second to report the second to report the second to the second	value of the property in any ne tax map key number and your spouse or dependent iddress, identify instead as		
	∏None	-	al sheets attached					
	Owner(s)	Tax Map	Key Number & Stre	eet Address	Value	Year Obtained		
	1/3 F/SP 24037049 - Personal Residence F/SP 98-1602 Hapaki			ce	P M	2001 2015		
9.	even if it number depende	during the prece is less than the and street addre	iding calendar year. value (as in the cas iss for your person u choose not to re	For this item, indicate of a gift). You a all residence or the	cate the actua re not require e personal re	in the City and County of all amount of the transaction, do to report the tax map key esidence of your spouse or and street address, identify		
	None	Addition	al sheets attached					
	Seller/Donor	Buyer/Donee	Date	Price	Tax Map Ke	y Number & Street Address		